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STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. **213**Registrar's No. **1441**

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Good Samaritan Hos
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 Mo. ; In Community 3 Mo. ; In Arizona 3 Mo.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Maricopa ; (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 1834 E. Moreland ; (e) If foreign born, in U. S. A. yr.
3. (a) FULL NAME Lottie Arlene Beals (b) If veteran name war 578 (c) Social Security No. 578
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed Married
or divorced Divorced
6. (b) Name of husband Arthur R. Beals 6. (c) Age of husband 38
or wife, if alive yr.

7. Birthdate of deceased August 2, 1941
(Month) (Day) (Year)
8. AGE: Years 3 Months 18 Days hrs. min. min.
If less than one day

9. Birthplace Phoenix, Arizona.
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business none

Father { 12. Name Arthur R. Beals
13. Birthplace Pima, Arizona.
(City, town or county) (State or Country)

Mother { 14. Maiden Name Sola Fuller
15. Birthplace Eden, Arizona.
(City, town or county) (State or Country)

16. (a) Informant's own signature Arthur R. Beals
(b) Address 1834 E. Moreland

17. (a) Burial, Cremation or Removal Burial & Removal
(b) Place Pima, Arizona (c) Date 11/21/41 1941

18. (a) Embalmer's Signature Mortensen & King
(b) Funeral Director Mortensen & King
(c) Address 1020 W. Wash.

19. (a) NOV 21 1941
(b) [Signature] (Date received local Registrar)
(c) [Signature] (Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 20, 1941, 1941;
TIME (Hour and minute) 11:50 P. M.

21. I hereby certify that I attended the deceased from Nov 5-1941
to Nov 20-1941, 1941;
that I last saw her alive on Nov 20-1941, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative shock from gallbladder removal with severe hemorrhage & peritonitis
Due to intestinal obstruction which was caused by anatomical abnormalities
Due to congenital

Other conditions (Include pregnancy within 3 months of death)

Major findings: Undigested barium in colon.
Of operations: undigested barium in colon. sigmoid removed along ascending colon with ileocecal valve. no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature [Signature] Address Phoenix, Arizona Date signed Nov 21-1941 M. D.

DURATION

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.